



Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City		State		Zip Code	
Home Phone		Cell Phone		Availability	
E-mail Address					
Position Applied for					
Are you a citizen of the United States?		<input type="radio"/>	<input type="radio"/>	If no, are you authorized to work in the U.S.?	
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever worked for this organization?		<input type="radio"/>	<input type="radio"/>	If so, when?	
Have you ever been convicted of a felony?		<input type="radio"/>	<input type="radio"/>	If yes, explain.	

EMPLOYMENT HISTORY					
<p><i>List all jobs and activities that indicate your qualifications including part-time employment while in school, employment and periods of unemployment for the past seven (7) years. Attach separate sheet if necessary. Begin with most recent employer. Information is subject to verification.</i></p>					
Company Name				Position/Title	
Address		City		State	Zip
Supervisor's Name		Title		Phone	
Start Date: From ____/____/____			End Date: ____/____/____		
Starting rate of pay			Last rate of pay		
Responsibilities					
Reason for leaving					
If time elapsed between positions, please explain.					



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Company Name		Position/Title	
Address		City	State
Supervisor's Name		Title	Phone
Start Date: ____/____/____		End Date: ____/____/____	
Starting rate of pay		Last rate of pay	
Responsibilities			
Reason for leaving			
If time elapsed between positions, please explain.			

REFERENCES	
<p>I, _____ authorize Nevada Blind Children's Foundation to contact the persons or organizations listed below for the purpose of obtaining current and previous employment reference information including information contained in my personnel file(s). These persons are authorized to disclose such information.</p>	
Please list three professional references.	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

EDUCATION					
Type of School	Name	City	State	Diploma/Degree Yes or No	Major/Course of Study
High School				<input type="radio"/> <input type="radio"/>	
College				<input type="radio"/> <input type="radio"/>	
Technical, trade, graduate or other				<input type="radio"/> <input type="radio"/>	



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MILITARY SERVICE, IF APPLICABLE		
Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain.		

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that omissions, false or misleading information in my application or interview may be grounds for my immediate dismissal. I agree to conform to the rules and regulations of Nevada Blind Children's Foundation and, if employed, I understand and agree that my employment is at-will and that no employment contract rights have been created. I also understand and agree that my employment may be terminated at any time with or without cause and with or without advanced notice at the option of either the organization or myself.</p> <p>I also agree to a background check and finger printing if required for the position I am applying to. I understand that failure to meet any requirements including medical and/or health requirements for the position may prevent my employment with the organization (the aforementioned administered in accordance with state and federal laws). I also understand that employment for certain positions will be conditional upon successful completion of a substance abuse screening test.</p> <p>Nevada Blind Children's Foundation does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, age, disability, handicap or veteran status or other status as protected by State and Local Laws.</p>	
Signature	Date